

**AMERICAN AIRLINES, INC.**  
**PENSION BENEFITS ADMINISTRATION COMMITTEE**  
**APPEAL APPLICATION FOR**  
**PILOT LONG TERM DISABILITY**

In order to carefully review the facts and give every consideration to your claim, please include all the information requested on this Application Appeal form that is applicable to your situation. FAILURE TO PROVIDE ALL PERTINENT DOCUMENTS MAY AFFECT THE OUTCOME OF THIS APPEAL. THIS INFORMATION IS TO BE PROVIDED AT YOUR OWN EXPENSE, AND IT IS ESSENTIAL THAT YOU KEEP COPIES FOR YOUR OWN RECORDS.

- Please complete, sign and send this Application for Appeal form to the address provided below.
- If your disability was due to a work-related injury, please provide details including Workers' Compensation information.
- Include a copy of your disability application.
- Send a copy of the letter you received from AA Medical and Occupational Health Services and/or Harvey Watt & Company indicating that they have conducted a review of your claim (this should be included or your appeal may be returned to you). Also include any additional correspondence you may have received from AA Medical and Occupational Health Services, Harvey Watt & Company, and/or Flight Administration regarding your disability claim.
- Include physician(s) office records and narrative summaries, and/or operative reports (if applicable), for all medical providers that have *ever* treated you for this condition *or any related condition* prompting your disability.
- Include hospital records (if applicable) for all admissions (current and prior) for this or any related condition prompting your disability.
- Include Therapy Progress Reports for all therapies such as Physical, Occupational, Psychological, Speech, Chiropractic, Acupuncture, Aftercare, etc., if applicable to your disability.
- Send documentation to substantiate the limitations/restrictions which affect your ability to return to work.
  
- **If your appeal addresses a LATE CLAIM FILING ISSUE, PLEASE NOTE THAT ONLY THE FOLLOWING INFORMATION IS REQUIRED:**
  - 1) A detailed explanation for delayed claim filing;
  - 2) A copy of the disability claim;
  - 3) A copy of any/all correspondence received from AA Medical and Occupational Health Services, Harvey Watt & Company, and/or Flight Administration, including a copy of the claim denial; and
  - 4) The completed Application for Appeal form.

THIS WILL BE YOUR **FINAL** ADMINISTRATIVE REVIEW; THEREFORE, INCLUDE ALL FACTS AND CIRCUMSTANCES THAT YOU WANT THE COMMITTEE TO CONSIDER WHEN YOUR APPEAL IS REVIEWED. AFTER THE PENSION BENEFITS ADMINISTRATION COMMITTEE RENDERS A DECISION ON YOUR APPEAL, ADDITIONAL OR NEW INFORMATION WILL **NOT** BE CONSIDERED. THEREFORE, IT IS IMPERATIVE THAT YOU INCLUDE ANY AND ALL PERTINENT INFORMATION WHEN YOUR APPEAL IS SUBMITTED.

- (1) The benefit(s) which has denied and to which I believe I am entitled are as follows (describe the type of benefit, the date(s) of service and the amount of benefit(s), being as specific as you can):

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TOTAL AMOUNT(S) YOU ARE APPEALING (IF KNOWN): \$ \_\_\_\_\_

- (2) The reason(s) I believe I am entitled to the benefit(s) previously denied are as follows. (If possible, please refer to the specific provision(s) from your Pilot Long Term Disability coverage that you feel entitles you to the benefit(s) that you are claiming):

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